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SENSITIVE

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SUBJECT: AZERBAIJAN: THE DEVELOPMENT AND EXERCISING OF AVIAN AND PANDEMIC INFLUENZA RESPONSE PLANS

SENSITIVE BUT UNCLASSIFIED - NOT FOR INTERNET DISTRIBUTION.

REF: A) State 022991 B) Baku 265

¶11. (U) Summary: In response to the risks posed by the Avian Influenza threat, on March 4, 2006 the GOAJ introduced and began implementing an Action Plan for Prevention and Containment of HPAI, under the coordination of the Azerbaijani Commission on Avian Influenza. The Commission included all relevant Ministries, under the chairmanship of Deputy Prime Minister Yagub Eyyubov. A working group has been established by the Ministries of Health, Agriculture, and Ecology and Natural Resources. The Joint Plan incorporates the main recommendations of the WHO and FAO/OIE missions, and provides a good basis for strengthened actions on the animal and human health sides, although greater efforts are still needed to integrate, reconcile, address gaps and avoid overlaps between activities planned by the different ministries. END SUMMARY.

¶12. (SBU) The GOAJ Action Plan for Prevention and Containment of HPAI includes the following main actions: (i) banning of the import of live birds and poultry products from countries at risk (Turkey, Russia, and Iran among others); (ii) requirements that poultry farms follow strict sanitary-epidemiological and veterinary regulations; (iii) increased monitoring of bird deaths and illnesses and human influenza; (iv) a public awareness campaign through the mass media to keep the population informed; (v) restriction of chicken sales to controlled shops and supermarkets; (vi) banning of wild bird hunting and sales; (vii) bird shootings for research purposes in major hot spots and protected areas; (viii) vaccination of chickens against Newcastle disease, which is endemic in Azerbaijan and which presents symptoms similar to Avian Influenza (AI); and (ix) disinfection of vehicles passing the borders with neighboring countries.

¶13. (SBU) The overall responsibility for animal health lies with the State Veterinary Service (SVS) in the Ministry of Agriculture (MOA).

The SVS was formerly a semi-autonomous State Veterinary Committee, but was placed under the MOA by Presidential Decree in October 2004. A new veterinary law that envisages the further streamlining of the State Veterinary Service was promulgated in November 2005, with work ongoing on the supporting regulations. A preliminary reform strategy has been prepared, which includes privatizing the field veterinary service departments and contracting some public health veterinary measures to private veterinarians. The SVS is responsible for monitoring and control of 6 epizootic and epidemic diseases (recently reduced from 11), border controls, meat and livestock product inspection, and disease diagnosis and prognosis. It has a total staff number of around 4,290, including some 770 in district and municipality-level veterinary departments; 2,500 in field veterinary service departments; and about 560 laboratory staff. There are currently one republican, 12 zonal and 46 district-level diagnostic laboratories. The SVS is abolishing district-level diagnostic laboratories.

14. (SBU) The Ministry of Health has prepared an emergency action plan which incorporates the main WHO recommendations. The plan mainly refers to clusters of activities and to the responsible agencies, but does not have other elements of a plan in terms of resources, logistics, and command and control of activities. This plan cannot be considered a joint animal and human influenza plan since it admittedly contains only scant reference to human health. A human influenza preparedness and action plan is also under preparation. In short, all these plans recently completed or under preparation largely remain to be streamlined and consolidated.

15. (SBU) Early February 2006 assessment missions by WHO and FAO/OIE diagnosed the country surveillance and containment capacity as weak on both the veterinary and human health sides. The main issues identified included: (i) the need to strengthen inter-ministerial coordination and to integrate initial action plans developed by the veterinary and human health authorities; (ii) critical supplies are insufficient, inadequate and unevenly distributed; (iii) training for HPAI is ad hoc and needs to be stepped up significantly; (iv) HPAI diagnostic capacity is insufficient, particularly on the human side -while veterinary services recently purchased new diagnostic equipment (Real Time Polymerase Chain Reaction), but capacity for sampling, preparation, and interpretation of results is weak; (v) insufficient quantity, quality and use of Personal Protective Equipment (PPEs) and disinfecting equipment; (vi) deficiencies in the infrastructure of laboratories, affecting their bio-safety; (vii) inadequate isolation capacity and patient care facilities (no Intensive Treatment/Care Unit) of the HPAI management hospital (Hospital 7 in Baku); (viii) lack of protocols and guidelines (assessment, investigation, containment, culling, compensation, treatment of patients with influenza-like illness); (ix) insufficient stockpile of antiviral drugs and a usage strategy needs to be developed; (x) no systematic vaccination against seasonal influenza of personnel at risk; and (xi) weak supply of clear and

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consistent information, creating confusion and reduced trust in public institutions. The Bank and other donor partners are working actively with the Government to address these issues.

16. (SBU) In March 2007, USAID still found surveillance and containment capacity to be weak in Azerbaijan. The main issues include: (i) samples handling, packaging (it is not clear if the appropriate capsules, containers are used); (ii) lab staff incapable to operate the equipment due to lack of training; (iii) limited number of veterinary services in the regions, an average of one vet expert per six or seven villages; (iv) no active surveillance, the AI working group doesn't monitor every single village; (v) weak laboratory performance quality control (Despite internationally accepted norms, the GOAJ doesn't verify every second sample at the internationally recognized AI laboratories, by that omission missing chances to raise Azerbaijan's credibility.).

17. (SBU) Comment: Although an official AI Action Plan has been approved by National Avian Influenza Commission on March 4, 2006, a common strategy to be pursued by all ministries and other stakeholders involved has not been developed. At the moment there are two separate documents: (i) the above mentioned AI Action Plan to Prevent and Control HPAI prepared by the Ministry of Agriculture, and (ii) a document developed by the Ministry of Health on the basis of the WHO assessment mission. The two documents incorporate the main recommendations of the WHO and FAO/OIE missions, and provide a good basis for strengthened actions on the animal and human health sides, although greater efforts are still needed to integrate, reconcile, address gaps and avoid overlaps between activities planned by the different ministries. END COMMENT.

HYLAND